Department of Health and Community Services
Annual Performance Report
2007-2008

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Minister's Message

Annual Report 2007-2008

I am pleased to present the 2007-08 Annual Performance Report for the Department of Health and Community Services. As the Minister of Health and Community Services and the Minister responsible for Aging and Seniors, I acknowledge my accountability for the preparation of this report and acceptance of responsibility for results and any variances contained in the report. This report is in keeping with the mandate of the entity and progress in achieving the strategic directions of the Department.

During the last fiscal year our government made significant progress in improving access to health and community services, enhancing public health capacity and wellness promotion. Significant investments were also made for our children and youth. We have continued to build a solid foundation in health care that will be responsive to the needs of our people as we prepare for an older population.

As Minister, I acknowledge the commitment and contribution of all department employees and entities in achieving a sustainable health care system that is built with quality and safety uppermost in mind.

Sincerely,

Ross Wiseman, M.H.A.
Minister of Health and Community Services
Minister responsible for Aging and Seniors

Mandate

The Department of Health and Community Services is mandated under the *Executive Council Act* (*Regulation 82/03)*, such that the powers, duties and functions of the Minister include supervision, control and direction of all matters relating to:

a) the preservation and promotion of health;
b) the prevention and control of disease;
c) the administration of hospitals, long term care facilities and personal care facilities;
d) the control, possession, handling, keeping and sale of food and drugs;
e) contracts, payments and remunerations for medical, dental, pharmaceutical, scientific, technical or other health and community services;
f) public health and the enforcement of public health standards;
g) the administration of a plan authorized by the Lieutenant-Governor in Council for the assistance of students in a professional or technical field connected with health and community services;
h) services to children, youth and families;
i) adoption of children;
j) child care services;
k) in co-operation with the Minster of Justice, the administration of laws relating to the commission of offences by young persons;
l) programs and residential facilities for persons who are neglected, dependant, abused, persons with disabilities and persons who are being treated for addictions; and
m) the administration of the Acts set out in the Schedule and of all orders and regulations passed or made under those Acts, including those powers, functions or duties necessary or desirable for carrying out the purpose of those Acts,

which are not, or in so far as they are not, the responsibility of another minister, agency or body, corporation, board, organization or person.

Departmental Overview

Vision

The vision of the Department of Health and Community Services is for individuals, families and communities to achieve optimal health and well being.

Mission

By March 31, 2011 the Department of Health and Community Services will have guided the implementation of provincial policies and strategies that are developed to ensure equitable and quality services in population health, enhanced public health capacity, accessibility to priority services and improved accountability and stability in the health and community services system.

Values

The Department of Health and Community Services values collaboration, fairness, privacy, respect, transparency in decision making and excellence.

Lines of Business

Lines of business are discreet and coherent sets of programs and/or services that originate from the mandate and identify key areas of responsibility:

- Policy, Planning, Program Development and Support
- Monitoring and Reporting
- Provincial Public Programs and Services Administration.

1. Policy, Planning, Program Development and Support

The Department provides a leadership role for programs that operate under a legislative framework, provincial policy, and/or provincial program standards. These programs include:

Programs under a legislative framework

- Insured services (i.e. Medical Care Plan & Hospital Insurance Plan),
- Prescription drug programs,
- Child, Youth and Family services,
- Community Youth Corrections services (in conjunction with the Department of Justice),
- Mental health programs and services respecting involuntary patients,
- Child care services, adoptions/post adoptions services, and
- Public health services and programs.

Programs not under a legislative framework

- Parent and child health,
- Early childhood development,
- Immunization,
- Wellness initiatives,
- Long term and community support services,
- Emergency preparedness, and
- Mental health and addictions services.

The Department establishes funding and/or operational delivery standards in areas such as:

- ambulance services,
- home support for seniors and persons with disabilities,
- transition homes,
- special child welfare allowance,
- residential services for persons with select disabilities,
- special assistance program (eligible supplies and equipment),
- financial eligibility criteria,
- Newfoundland and Labrador Medical Transportation Assistance Program,
- Dental Health Program, and
- Newfoundland and Labrador Prescription Drug Program.

The Department ensures that regional health and community services are planned within the strategic directions of Government, the needs of the population and within the fiscal capacity of the health and community services system. The Department assists in determining need and placement of new health technologies and diagnostics, supporting innovation in service delivery and human resource planning, as well as monitoring program utilization and facility infrastructure conditions.

The Department provides liaison, interpretation of *Acts* and Regulations, facilitates amendments as necessary, and monitors annual reports as required by 16 *Acts* for regulatory bodies.

The Department, in conjunction with the post secondary education system, provides leadership to health professional education and training programs to reflect the needs of the health and community services system and in funding some training programs.

The Department represents provincial priorities in the development of intergovernmental (Atlantic and Federal/Provincial/Territorial (F/P/T)) strategic directions and initiatives. In addition, the Department oversees the administration of programs emanating from various F/P/T agreements such as Early Learning and Child Care, Early Childhood Development and the National Child Benefit. These programs also include, but are not limited to, initiatives under the First Ministers' Health Accord such as wait time reduction, enhancement of home care programs, public health, initiatives under primary

health care renewal and other services such as reciprocal billing, and Canadian Blood Services.

2. Monitoring and Reporting

The Department monitors and provides feedback as appropriate with respect to:

- periodic evaluation of selected elements of legislation under the authority of the Department, and in conjunction with other Government departments and agencies as is necessary and required;
- adherence to guidelines/best practices and/or funding/service delivery standards in areas such as Management Information Systems and Reporting Guidelines, Dental Health Program, Medical Care Plan (MCP), Newfoundland and Labrador Prescription Drug Program (NLPDP), ambulance, and intervention services;
- periodic evaluation of select programs and services;
- budget allocation and financial monitoring with respect to Regional Health Authorities and other agencies funded by the Department; and,
- implementation of budget directions by the Department or other entities to achieve targeted outcomes, such as improved service levels, reduced wait times, and reduced expenditures.

The Department monitors and reports to stakeholders with respect to performance in the areas of population health, health behaviours, health status, disease control, human resources and access to quality health services.

3. Provincial Public Programs and Services Administration

The Department provides supervision, control, and direct program and service delivery for matters related to:

- inter-provincial, inter-country and approval of all adoption placements and post adoptions services;
- provision of records of immunizations;
- payment and remuneration for medical services (MCP), dental services (Dental Health Program), and drug program (NLPDP) among others;
- special authorization of restricted drug benefits;
- approval and provision of grants to select community agencies;
- bursaries and incentives to students in select training programs according to established criteria;
- distribution and storage of vaccines;
- storage and distribution of National Emergency Stockpile System;
- medical transportation assistance to individuals;
- selected information technology initiatives involving health authorities and the health system, such as the development and maintenance of the Client and Referral Management System, in partnership with the Office of the Chief Information Officer; and
- administration of the monetary supplement for early childhood educators.

Additional information related to the Department of Health and Community Services Strategic Plan can be found at http://www.health.gov.nl.ca/health/plans/plan2008-11.pdf

Departmental Structure

The Department's 248 employees are located throughout five office locations; three locations in St. John's (Confederation Building, Margaret's Place, Pleasantville), Grand Falls-Windsor and Stephenville. The Department is organized as follows:

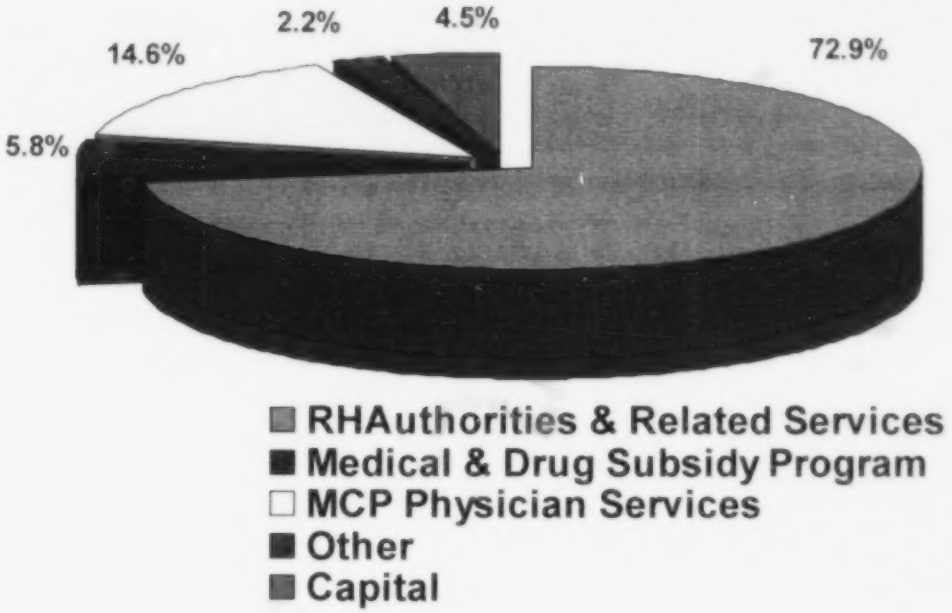
	Female	Male	Total
Minister's/Deputy Minister's Office	8	1	9
Communications	3	Nil	3
Government Relations	4	Nil	4
Medical Services	21	2	23
Regional Health Operations	19	5	24
Policy and Planning	23	7	30
Public Health, Wellness and Children and Youth Services	42	8	50
Corporate Services	80	25	105
Total	**200**	**48**	**248**

In addition to these locations the Department supported the following infrastructure in the health and community services system in 2007-08:

Hospitals	15
Health Centers	19
Long Term Care Homes	22
Community Clinics	14
Community based offices	93
Personal Care Homes	104
Acute Care beds	1625
Long Term Care beds	2747

Where Health Care Dollars Are Spent
2007/08

$2.08 Billion



Shared Commitments

The Department of Health and Community Services values the contribution of many partners to support its vision for individuals, families and communities to achieve optimal health and well being. Regional Health Authorities, Boards of Trustees, dedicated staff, physicians, community volunteers, and many other agencies deliver a range of high quality health and community services to the residents of Newfoundland and Labrador.

The Department of Health and Community Services is represented at several F/P/T forums in the health, education, social services and seniors sectors. This work is carried out through extensive networks, committees, and agreements with other jurisdictions and national organizations. These partnerships are essential to achieve shared goals and best practices so that optimal federal funding arrangements are in place to meet the growing demands on the provincial health and community services system.

Collaboration with stakeholders is fundamental to ensure equitable and quality services in population health; public health capacity; accessibility to priority services and improved accountability and stability in the health and community services system.

Meet Some of Our Partners

- ✓ In collaboration with the Department of Government Services the *Highway Traffic Act* was amended and beginning July 2008 drivers will be required to use booster seats in their cars and trucks when transporting children up to and including the age of eight. Injury prevention is a key element of the Provincial Wellness Plan.
- ✓ In partnership with several Provincial Government departments, significant progress is being made under the Poverty Reduction Strategy as outlined later in this report.
- ✓ The Ministerial Council on Aging and Seniors works to facilitate the coordination of services and programs for seniors by developing strong linkages between Government departments.
- ✓ The Provincial Advisory Council on Aging and Seniors offers advice to Government on quality of life issues for seniors.

- ✓ The Departments of Justice, Human Resources Labour and Employment and Health and Community Services coordinated and implemented a multi-departmental and multi-disciplinary family justice services model which utilizes resources from all three departments to provide a single point of entry and access to family law services.

- ✓ The Department of Health and Community Services along with Eastern Health, Labrador-Grenfell Health, and an oral surgical team led by Dr. Geoff Smith contributed to the success of a pilot pediatric dental clinic in Labrador called "Operation Tooth". The surgical team traveled to the Labrador Health Centre in Happy Valley-Goose Bay to carry out 38 surgeries for children who were wait listed for dental surgery and who would normally have to fly to St. John's for services.

- ✓ Health professionals who administer programs and services throughout the province.

- ✓ The Department has partnered with many organizations including but not limited to the Canadian Cancer Society, Canadian Diabetes Association, Canadian Mental Health Association, Federation des Francophones de Terre-Neuve et Labrador and Heart and Stroke Foundation of Newfoundland and Labrador.

Highlights and Accomplishments

Newfoundland and Labrador Prescription Drug Program

A major enhancement to the Newfoundland and Labrador Prescription Drug Program provides relief to individuals or families whose drug costs are consuming an unreasonable share of their income. Government invested $17.5 million in a new program called the Assurance Plan which could benefit up to 14,400 families.

Budget 2007 included $637,000 to provide new and effective treatment therapies under the Newfoundland and Labrador Prescription Drug Program. New drugs include Remodulin for the third-line treatment of primary pulmonary hypertension, and Femara and Arimidex for first-line treatment in certain patients with breast cancer.

Children and Youth

An investment of approximately $6.5 million in 2007 and over $9 million annualized will strengthen the Child, Youth and Family Services (CYFS) system by:

- Targeting professional development and training, including the development of a new orientation program for social workers;
- Adding new positions to the system, including social workers and support staff;
- Hiring additional lawyers to support the legal requirements of CYFS;
- Undertaking the necessary legislation, program and policy reviews;
- Implementing operational and organizational changes, including improvements to the Client Referral and Management System (CRMS);
- Introducing quality assurance initiatives; and,
- Enhancing monitoring, evaluation and planning for system changes for the future to ensure best practices are implemented across the system.

A further investment to improve the Children's Dental Health Program included a $2.3 million expansion as a part of the Poverty Reduction Strategy. The latest enhancement provides coverage for children 13-17 years of age in low income families and covers the cost of dental sealant for children 6-12 years of age.

In November 2007 the Provincial Government designated $3.85 million annually to enhance the Early Learning and Child Care Plan. With funding from the federal Child Care Spaces Initiatives, the newest enhancement to the plan is focused on four main areas:

- Affordability
- Recruitment and Retention
- Quality
- Inclusion

Budget 2007 invested almost $1.4 million to provide insulin pumps and supplies for children with Type I diabetes who are under the age of 18. The program started in July 2007 and 70 children have been provided insulin pumps through this program.

Human Resource Planning

In December 2007, a new Dental Bursary Program was announced to support an increase in the number of dentists practising in under-serviced areas of the province. The bursary program will have two components, the Rural Dental Bursary Program and the Specialist Bursary Program. Each bursary is valued at $25,000 and students can apply annually to a maximum of three bursaries. For each bursary received, recipients are required to commit to one year of service in under-serviced areas of the province.

The Department of Health and Community Services presently offers four (4) bursaries to medical students and residents in an effort to retain their services and help alleviate the debt they incur. These bursaries are:

1) Family Medicine Bursary: $25,000.
2) Specialist Bursary: $25,000.
3) Psychiatry Bursary: $17,500.
4) Traveling Fellowship: salary/tuition paid during fellowship training

In exchange for accepting these bursaries, the recipients must agree to a return-in-service commitment of one (1) year for each bursary received upon completion of their residency programs. With respect to the Traveling Fellowship, the duration of the return-in-service commitment coincides with the duration of the fellowship training the resident has undertaken.

In addition to the dental and physician bursary programs, the Provincial Bursaries and Incentives Committee (PBIC) was established in 2007. This committee was created to provide health professionals with incentives to practice in Regional Health Authorities, with a particular focus on difficult-to-fill positions. In fiscal year 2007-08, incentives were provided to 148 individuals from 13 different health occupations totaling $939,150. Included in this total were 85 difficult-to-fill registered nurse positions. All incentives had associated return-in-service contracts for one or more years.

Diagnostics and Capital Equipment

Improving access to health care services continues to be a priority for the Government of Newfoundland and Labrador. This is evident through a $22.3 million investment for new diagnostic and capital equipment including:

- two new linear accelerators for the Dr. H Bliss Murphy Cancer Centre,
- cardiac catherization laboratory equipment, monitors, and a Bi Planar Angiography machine at the Health Sciences Centre,
- a new x-ray machine for the Carbonear General Hospital, and

- CT Scanners for diagnostic imaging at Western Memorial Regional Hospital in Corner Brook and Sir Thomas Roddick Hospital in Stephenville.

In addition, Government allocated $2 million in Budget 2007 to:

- extend hours of operation for the MRIs in St. John's and Corner Brook,
- improve pre-hospital care in St. John's,
- enhance mammography and CT services in Carbonear, and
- expand endoscopy services in Gander and Grand Falls-Windsor.

Infrastructure

In recognition of the need to replace or renovate health care infrastructure Government will invest in these capital projects:

- $600,000 to begin planning for a new health centre in Flower's Cove;
- $4.5 million to begin design and site work for a new 28-bed health centre in Labrador West;
- $7.2 million to construct a new health centre in Grand Bank and to redevelop the Blue Crest Nursing Home (operational in Fall 2008);
- $2.6 million for a new office building to be constructed adjacent to the Labrador Health Centre in Happy Valley-Goose Bay (operational in Winter 2009); and,
- $3.1 million for continued redevelopment of the James Paton Memorial Health Centre in Gander.

Long Term Care

Additional initiatives have occurred in relation to long term care and community supports. In July 2007, the protective care unit at Lakeside Homes in Gander officially opened upon completion of renovations and an extension to the structure at an approximate cost of $1.2 million. The protective care unit provides a safe and secure setting for residents living with Alzheimer's disease, dementia and other related disorders.

In June 2007 the Premier turned the sod on the Happy Valley-Goose Bay long-term care home.

Budget 2007 allocated $3 million to begin construction on a $20 million long term care home in Happy Valley-Goose Bay. The new 50 bed home is expected to be ready for occupancy in spring 2010.

Renovations to the existing Blue Crest Nursing Home in Grand Bank are underway. The redevelopment of the 60 bed long term care home should be completed by summer 2008.

A new long term care home was approved by Government in 2007 for the Corner Brook area. The $68.5 million investment includes 236 long term care beds, teaching and research space for the Memorial University Medical School, and 40 beds in four protective care residences. The residences are expected to be fully completed by Fall 2008 and the long term care home should be ready for occupancy in late 2009.

Construction of the new $21.6 million long term care home in Clarenville is progressing. The 44 bed structure is expected to be completed by late Fall 2008.

Government has committed $29.9 million to construct a new health centre in Lewisporte which will include 51 long term care beds and a duplex bungalow with 12 dementia care beds.

Technology

Newfoundland and Labrador is among the few provinces in Canada to implement the province wide Picture Archiving and Communications System (PACS) and has achieved the goal of having more than 95 percent of diagnostic images available digitally throughout the province to authorized health care providers. This system allows diagnostic images including x-rays, MRI, ultrasound and CT scans to be digitally captured, viewed, stored and transmitted electronically from one facility to another.

In Budget 2007 Government invested $2.65 million over two years, matched by Canada Health Infoway, to provide telehealth services for chronic disease management such as oncology, nephrology and neurology, diabetes management and mental health.

Mental Health and Addictions

Over the last three years Government has made significant investments to enhance mental health and addictions services in the province. Budget 2007 was no exception and included:

- $1.6 million to strengthen mental health and addictions services in the province including $800,000 to begin implementation for the new *Mental Health Care and Treatment Act* and $800,000 to begin implementation for the Mental Health and Addictions Policy Framework;
- $3.2 million for construction of a new Provincial Addictions Centre in Corner Brook (operational in Spring 2008);
- $1.3 million to redesign and redevelop units for forensic inpatients and patients with developmental delays at the Waterford Hospital in St. John's;
- $575,000 to address problem gambling including enhancement of prevention and treatment services, creation of a public awareness campaign and funding for research; and
- $228,800 to introduce a new Provincial Eating Disorders Day Treatment Program which will allow patients to remain in the province to receive their treatment.

Public Health

Vaccines are still the first and best line of defense to reduce the impact of diseases in children. Budget 2007 included $1.5 million to continue three vaccines to treat pneumonia, meningitis and chicken pox.

Newfoundland and Labrador is preparing for the next pandemic influenza by working with Regional Health Authorities to ensure that the health care sector is as ready as can be to protect the public. In November 2007 Government released *Pandemic Influenza: Planning Guidelines, Roles and Responsibilities for the Health Sector.* This plan will guide the health sector to enhance pandemic influenza awareness, planning and response. Information can be found at http://www.health.gov.nl.ca/health/pandemic/index.html

A new vaccination program was administered in September 2007 to females in Grade Six to help protect them against the human papilloma virus (HPV) which is known to cause many types of cervical cancer. The program will cost approximately $4.6 million over three years.

Legislative and Regulatory Activities

The *Centre for Health Information Act* was proclaimed in June 2007 and establishes the Newfoundland and Labrador Centre for Health Information as a statutory corporation responsible to the Minister of Health and Community Services through a board of directors.

The *Mental Health Care and Treatment Act* was proclaimed in October 2007. The new Act implements critical safeguards to help ensure protection of the rights of persons with persistent mental illness who are detained under the legislation.

Additional Highlights

Approximately $11.5 million was allocated to the Regional Health Authorities to address utilization pressures and to invest in new initiatives. Highlights of this investment include the establishment of a new medical flight team for the provincial air ambulance service, enhanced social work services on Fogo Island and at the Grand Falls-Windsor dialysis unit, expanded services in Corner Brook for dialysis and stroke care, and an enhanced laboratory service in St. Anthony.

Government committed $500,000 to Daffodil Place, a project of the Canadian Cancer Society. The 24 suite facility, due to open in 2009, will provide accommodations for those who need to travel to St. John's for cancer treatment.

In Budget 2007 Government invested $750,000 to support the Kids Eat Smart Foundation, a registered charity that supports breakfast, snack and lunch programs for school children. The foundation, which is supported by the Poverty Reduction Strategy

and the Provincial Wellness Plan, helps establish and provides support to child nutrition programs through local organizations run by volunteers in schools. This funding enabled the establishment of additional Kids Eat Smart Clubs in schools across the province.

2011 Mission – Where We Are

In the 2006-2008 Strategic Plan, the Department recognized that the next challenge was to assure provision of equitable, accessible, quality services through the development of strategies and best practice models/standards in the areas of population health, public health capacity, accessibility to priority services and accountability processes. In the 2007-08 year, which ends the first phase of the 2006-2011 planning cycle, considerable progress was made in developing provincial policies and strategies.

In order to be responsive to changing needs, the Department has kept the 2006-2008 strategic directions, made minor revisions to the mission, moved some areas to operational planning, and developed new focus areas for the 2008-2011 strategic directions.

The 2006-2008 Mission was as follows:

"By 2011 the Department of Health and Community Services will have developed and ensured the implementation of provincial policies and strategies to ensure equitable and quality services in population health, public health capacity and, accessibility to priority services and to improve accountability and stability in the health and community services system."

The 2008-2011 Mission is as follows:

"By 2011 the Department of Health and Community Services will have guided implementation of provincial policies and strategies that are developed to ensure equitable and quality services in population health, public health capacity and accessibility to priority services and to improve accountability and stability in the health and community services system."

As we enter the second phase of the planning cycle, this Annual Performance Report documents the Department's progress in achieving the 2011 mission and the 2006-2008 goals. Indicators that are complete will be reported on. Work is progressing on the remaining indicators and will be reported in 2011.

Measure	Improve Population Health
Wellness Action Plan	✓ Indicator framework for the Wellness Action Plan is monitored on a regular basis ✓ School Food Guidelines were released in June 2006 with a phase in period to September 2008. Education sessions promoting the School Food Guidelines have been developed and administered to caterers, students, teachers and school administrators. ✓ An advisory committee with representation from various government departments and health authorities has been established to guide the work to develop Public Workplace Foodservice Guidelines. ✓ Provincial Wellness Grants are awarded annually to community groups across the province. All grants proposals contain an evaluation component. ✓ The Provincial Tobacco Reduction Strategy uses a comprehensive approach to tobacco control that includes public awareness and education, legislation and enforcement, taxation, cessation support and school and community based programs. This is monitored through the Canadian Tobacco Utilization Survey (CTUMS). ✓ Amendments to the *Smoke-Free Environment Act, 2005* prohibit smoking in enclosed public places such as bars and bingo halls. The *Act* is monitored through routine inspections and complaint investigations. ✓ Tobacco Free School Grounds policies, the Born a Non-Smoker Program and the Story of Smoke-free support the Provincial Tobacco Reductions Strategy's goal of preventing children and youth from starting to smoke. This is monitored through the CTUMS ✓ Mental Health promotion is a priority wellness area of Phase 2 of the Wellness Plan. An analysis of this area has commenced. ✓ Physical Activity was addressed in Budget 2007/08 by the Department of Education. The physical education equipment program was extended to students in the intermediate grades. ✓ Work is continuing on the development of an action plan for injury prevention which is anticipated to be completed by Fall 2008. Survey and consultation sessions were held with stakeholders from June to September 2007.
Nutrition Strategy	✓ Provincial Food and Nutrition Framework and Action Plan entitled "Eating Healthier in Newfoundland and Labrador" was released in 2006.
Oral Health Strategy	✓ The Oral Health Strategy is being developed and will address the needs of all vulnerable populations. A monitoring process will be developed as part of the strategy.
Healthy Aging Components	✓ Work continues on the Healthy Aging components in selected provincial strategies. Healthy aging lens in select provincial strategies is evident in interdepartmental initiatives such as the Violence Prevention Initiative (Women's Policy Office), and Poverty Reduction Strategy (Human Resources Labour and Employment).
Healthy Beginnings Program	✓ An evaluation of the Healthy Beginnings Program should be completed by Spring 2009. This will inform the need for revised guidelines

Health Promotion Components of Chronic Disease Strategies	✓ Stroke strategy - Implementation of the Provincial Stroke Strategy is being overseen by a Provincial Advisory Committee comprised of representatives from the four regional health authorities, the Department and the Heart and Stroke Foundation. The Strategy, Gaining Ground: A Cancer Control Strategy for NL will be presented to the Minister of HCS by Fall. An advisory Committee will be established to facilitate implementation over the life of the strategy.

Measure	**Strengthened Public Health Capacity**
Health Emergency Management Policies	✓ Health Emergency Management Policies are being drafted.
Infection Control Policies	✓ Infection Control Policies have been developed and sent to the Regional Health Authorities to be operationalized.
Surveillance for Communicable Disease Control	✓ Plans for the provincial implementation of the national communicable disease surveillance system (Panorama) are underway and in line with the national planning process. An interim database is under development for monitoring healthcare acquired infections. ✓ Annual and Quarterly reports for communicable diseases and infectious diseases are reported. ✓ Policies implemented and monitored in the area of communicable disease including pandemic influenza planning, respiratory infections and vaccine preventable diseases. ✓ The Panorama Suite of Products will include vaccine inventory and an Immunization registry when completely operationalized
Environmental Health Policies	✓ Private Sewage Disposal and Private Water Supply standards have been updated and were published in 2006-2007. Monitoring of adherence to environmental health policies and inspection standards occurs on a continuous basis. ✓ Food safety indicators are all completed. Monitoring of adherence to food safety policies and inspection standards occurs on a continuous basis The Department of Health and Community Services, in partnership with the Department of Government Services and the Central Regional Health Authority, will move forward with food safety education for food service workers in 2008-2009. A pilot food safety training program is being planned and will be provided to food service workers in Central Newfoundland. An evaluation will follow in 2009-2010 to inform the design of a province wide training program.

Departmental Organizational Structure to Reflect Needs of Public Health	✓ Organizational Structure is in place that reflects Public Health priorities including the hiring of an Infection Control Specialist, a Director of Disease Control, a Director of Public Health Information Management, and an Epidemiologist position. At a regional level, funding for 39 new public health nurses was allocated and four regional health emergency planning professional positions are currently in place. ✓ The Public Health Human Resource Plan is in the preliminary stages of development and will reference national standards and guidelines for public health workforce enumeration, distribution and competencies.

Measure	Improved Accessibility To Priority Services
Addiction Policies	✓ Work is progressing to develop indicators to monitor uptake of Community Based Addiction Services that all regional health authorities will report on.
Mental Health Care and Treatment Act	✓ Work continues toward the development of a monitoring process for access to appropriate services under the *Mental Health Care and Treatment Act*
Primary Health Care (PHC) Framework Including Policies	✓ Work continues towards the establishment of alternate funding models for physicians working in primary health care teams. A working group has been developed. ✓ Information Management, specifically in the areas of Telecare/Teletriage and Videoconferencing, are in place in select PHC team areas. The Newfoundland and Labrador Electronic Health Record is currently under development. A province-wide client registry system has successfully been implemented and serves as the basic building block for the provincial EHR ✓ Several primary health care sites have been provided with tool kits and have attended learning sessions on the kit. Regions are in the process of developing standards for their sites. ✓ The scope of practice survey completed in 2006 reported that the integration of teams, including the expansion of Primary Health Care Teams, management and accountability structures, are in place in all regions.
Home Care Policies	✓ Development of provincial Home Care Utilization policies will occur in 2008-09. Increased access to a wider range of home care services has occurred and expansion continues.
Provincial Service Framework for Long Term care and Community Supports	✓ The Long Term Care and Community Support Services Policy Framework is being developed and is expected to be completed in 2008. A working group has commenced.

Early Learning and Child Care Plan Policies	✓ The Early Learning and Child Care Plan released in May 2006 addressed child care affordability, recruitment and retention of qualified educators, capacity and inclusion, as well as, quality and developmental outcomes for children. The policy framework or guidelines for the Early Learning and Child Care Capacity initiative released in January 2007 supports this.
Wait Time Management For Select Services	✓ Wait time reports for services such as Cardiac Care, Cancer Care, Joint Replacement, and Vision are reported quarterly.
Policies And Protocols For The Use of Pharmaceuticals For Selected Diseases	✓ Standard definition and data collection/reporting are available with the January 2007 implementation of the new system for real time adjudication. Work is continuing on the implementation of best practice protocols for pharmaceutical therapies.

Measures	**Improved Accountability and Stability In the Health And Community Services System Within the Available Resources**
Monitoring and Evaluation related to Child, Youth and Family Services Act.	✓ Work is ongoing to develop a monitoring and evaluation system to collect this data related to the Child Youth and Family Services Act. It is an ongoing long term initiative on the Federal Provincial and Territorial level.
Stroke Management Protocols	✓ Completed Stroke Management Protocols will be implemented by the Regional Health Authorities as part of the Stroke Strategy.
Dialysis Provincial Protocols	✓ Governance and accountability for use of Dialysis Management Protocols in Regions have been established in each region and standardization is occurring.
Indicator Framework related to Wellness, Mental Health and Addictions, and Long Term and Community Supports	✓ Data on wellness and well-being outcome indicators are continuously monitored as new data becomes available from sources such as NLCHI, Statistics Canada and CIHI. ✓ Work is ongoing with the Regional Health Authorities to develop an indicator framework for Mental Health and Addictions with an expected completion by 2010. ✓ Monitoring framework for personal care homes was implemented in September 2007. This is expected to be expanded to include long term care and community support by 2009.

Design and Delivery of Health Services	✓ Alignment of services based on current needs and fiscal resources is ongoing. Primary Health Care is sustained at 11 sites. PACS is province wide. All regions now have dialysis services. Parent or main units are located in St. John's and Corner Brook. Satellite units are located in Stephenville, Grand Falls-Windsor, Gander, Carbonear, Clarenville, Burin, St. Anthony, and Happy Valley-Goose Bay.
Performance Reporting With Respect to Financial And Statistical Activity	✓ Financial Performance Indicators are determined and reported in quarterly reports from Regional Health Authorities, and are also used in conjunction with monitoring on a quarterly and year end basis.
Budget Allocation Formula	✓ A scan of funding methodologies in other jurisdictions is planned to determine what funding model is suitable for this province. The development and implementation of the model is anticipated to take several years.
Physician Human Resource Plan and Management Policies	✓ Work continues on the development of this plan.
Staffing/Skill mix ratio in Long term Care	✓ Progress is being made in the development of a Staff Skill Mix Framework to ensure the right mix of nursing and personal care providers are available in long term care homes and to ensure that employees practice to their highest level of training.
Financial Assessment policy for individuals eligibility for subsidies	✓ The financial assessment policy to access personal care home subsidies is monitored through the new Personal Care Home operational standards which were implemented in July 2007.
Access to health information	✓ The *Access to Information and Protection of Privacy Act* was proclaimed in January, 2005. Part IV (the privacy provisions) was proclaimed on January 16, 2008. Compliance with the *Act* is monitored by the ATIPPA Office, Department of Justice.
Regional Health Authorities Act	✓ This Act and its regulations were proclaimed April 1, 2008.

Report on Performance

As March 31, 2008 represents the end of part one (2006-2008) of a five year planning cycle (2006-2011), the following table provides indicators for the 2006-2008 Goals and the 2007-2008 Annual Objectives that were established for the strategic issue of sustainability. Work related to these goals spanned two fiscal years, 2006-2007 and 2007-2008 and work related to the 2006-2007 year was reported in the 2006-2007 Annual Departmental Report. However, goal indicators carried over into the 2007-2008 year with some indicators alike for the 2006-2008 goals and the 2007-2008 reporting year and some indicators specific to the 2007-2008 year. To avoid duplication, the following table provides the 2006-2008 goal indicators followed by specific 2007-2008 objective indicators and reports on progress related to each time period and indicator. In some instances, summary statements have been used for both reporting periods.

Progress has been made on the strategic issues of Access, Long Term and Community Support, Seniors, Sustainability, Early Learning and Child Care, Public Health Capacity and Population Health. These issues are key focus areas of the strategic directions developed by Government. Improvements in the health and community services sector support the strategic directions of Government and will contribute to health benefits for Newfoundlanders and Labradorians.

ACCESS

Timely access to appropriate health services is a critical component of quality health care. The First Ministers Agreement (FMM) in 2004, **a *10-Year Plan to Strengthen Health Care,*** committed to improving access to care and reducing wait times. In December 2005 national benchmarks were established in five priority areas: cancer care, cardiac care, vision restoration, joint replacement and screening diagnostics. The following reports on work that reported a variance in at the end of the 2006-2007 fiscal year and was completed in the 2007-2008 fiscal year. Progress on the 2007-2008 objective, measures and indicators and the 2006-2008 goal, measures and indicators is also reported on.

2006-2007 Objective

By March 31, 2007 the Department of Health and Community Services will have centralized reporting of regional wait times for cancer care, cardiac care, cataract surgery, joint replacement and diagnostic procedures; multi year targets established to achieve benchmarks; priority evidence based assessment tools in use for selected surgical and diagnostic services and established processes to review appropriate utilization for select services.

2006- 2007 Measures

- ✓ Centralized reporting of regional wait times for cancer care, cardiac care, cateract care, cataract surgery, joint replacement and diagnostic procedures
- ✓ Provincial Multi-year targets established to achieve national benchmarks
- ✓ Priority evidence based tools in use for selected surgical and diagnostic services
- ✓ Established processes to review appropriate utilization for select services

Progress on the 2006-2007 indicators is reported below:

2006-2007 INDICATORS	RESULTS
Collection of comparable indicators for selected services Quarterly reporting to the public on Newfoundland and Labrador's standing in relation to the national wait time benchmarks	Co-ordinated and centralized reporting is in place between the province and Regional Health Authorities and national organizations. Reporting to the public on Newfoundland and Labrador's standing in relation to the national wait time benchmarks is done quarterly. When national benchmarks are established and there is sufficient data in diagnostic imaging, provincial reporting at this level will commence.
Targets identified for each of the five priority areas by December 2006 (Note the time line was nationally adjusted to 2007). Processes established to monitor targets on a quarterly basis Processes established to report on progress in meeting multi-year wait time targets to the citizens of NL	NL received an A grade in the first four areas to have national benchmarks established. Processes are established for quarterly monitoring and inform the above national reporting. Reports are released quarterly by the Department. In NL, multi-year target development requires further data and a continued focus for maximum relevance.
Priority assessment tools developed for use in select surgical and diagnostic services, and pilot implementation initiated Pilot evaluation of the priority assessment tools completed	The Provincial Urgency Classification for Diagnostic Imaging for physicians and nurse practitioners was distributed in August 2007 as a starting point to standardize performance measurement. This province has demonstrated leadership in establishing baseline measures for hip fracture repair in hours, rather than days. As a result, physician and emergency room practices have become more responsive to patients. The Provincial Cataract Urgency Classification tool was reviewed and revised to identify risk categories for patients requiring cataract surgery.
Provincial committee to review appropriate utilization, including recommendations for evidence based best practice in select areas Ongoing monitoring of provincial wait times for access in the five priority areas including a review of utilization trends with recommendations to improve access	Two provincial committees, the Provincial Health Services Utilization Committee and the Provincial Vice Presidents of Medical Services Committee, have processes in place and regularly consult with the Provincial Wait Time Co-ordinator and Regional Health Authorities.

2006-2008 Goal and 2007- 2008 Objective

By March 31, 2008 the Department of Health and Community Services will have improved access to cancer care, cardiac care, vision restoration, joint replacement and screening diagnostics.

Goal and 2007-2008 Objective Measure

✓ Improved access to select health and community services

COMMON INDICATORS FOR 2006-2008 GOAL & 2007-2008 OBJECTIVE	RESULTS
Wait times in Newfoundland and Labrador (NL) will be equal to the national wait time benchmarks in the areas of cancer care, cardiac care, vision restoration, joint replacement and screening diagnostics	Provincial and Territorial progress with regard to the achievement of national wait time benchmarks. Newfoundland and Labrador ranked first, receiving an A grading in four of the benchmark categories; hip and knee replacement, cancer care, cardiac care and vision restoration indicating 80% to 100% of the population received treatment in these areas within benchmark timeframes. In 2007-2008 NL continues to achieve wait times at or near the nationally established benchmarks. Further national research is required before screening diagnostics (MRI and CT) national benchmarks are established and provinces can be nationally rated.
INDICATORS SPECIFIC TO 2007-2008 OBJECTIVE	**RESULTS**
Pilot initiatives to improve access to pediatric dental surgery in NL	In December 2007, a new Dental Bursary Program was introduced with two components, the Rural Dental Bursary Program and the Specialist Bursary Program. In January 2008, thirty eight children in Happy Valley-Goose Bay ,who were wait listed and would normally have to fly to St. John's, had dental surgery performed by a surgical team who traveled to Labrador. This pilot was known as "Operation Tooth".
Report baseline data for the national cervical and breast screening benchmarks	Baseline data for national cervical and breast screening benchmarks have been reported and will be updated annually. This is the only province to report on both measures.
Develop a standardized provincial methodology for measuring and reporting wait times for the national hip fracture repair benchmark	This province has demonstrated leadership in establishing a standardized baseline measure for hip fracture repair by reporting data in hours, rather than days. A national pilot (CIHI) is in place to determine the impact on reporting and patient outcomes. Performance is included in the quarterly report on wait times.

Discussion of Results

In keeping with the 2006-2008 Strategic Plan, the Department has taken the necessary steps to ensure timely access to select health services. This area requires a joint approach between the federal, provincial and territorial governments to ensure consistency and standardization in measurement and understanding of results over time. The introduction of a centralized approach to wait time management and funding for a provincial wait time management position was a significant development. These investments facilitated co-ordination within the province and provided a focal point for discussion with other levels of government, statistical and health agencies.

Over the past two years, the Wait Times Alliance recognized NL as one of two provinces to explicitly report performance on a quarterly basis in terms of percent of patients treated within the benchmark (cancer care, cardiac care, vision restoration, joint replacement). Additionally, leadership has been provided in reporting national benchmarks for hip replacement. The effect of this work is both long and short term with respect to data collection and direct services. For instance, the children and families in Happy Valley-Goose Bay experienced improved access with on site dental surgical services. Persons presenting in emergency with hip fractures received the benefit of new practice protocols. Other solutions are not as immediate (i.e. dental students, who received bursaries, complete studies before fulfilling practice commitments in a rural area or in an under-serviced specialty of the province). Further national research is required before screening diagnostics (MRI and CT) national benchmarks are established and provinces can be nationally rated. Work is continuing with multi-year target development.

LONG TERM and COMMUNITY SUPPORT

Long term care and community support services (LTC CSS) is an important area for the Department and the people of this province. These services are intended to help older persons, adults and children with intellectual, physical and psychiatric disabilities to perform activities associated with daily living, and where possible, enable individuals to participate and be included in the community. The LTC CSS system in this province consists of services in Long Term Care Homes (LTCHs), Personal Care Homes (PCHs), Community Care Homes (CCHs), Alternate Family Care Homes (AFCs), Co-operative Apartments, and other independent living arrangements. Non-residential services include, but are not limited to, home support services, family and non-family boarding arrangements, special assistance and programs for families with children with disabilities. This strategic issue supports the strategic direction of improved accessibility to priority services.

2006-2008 Goal

By March 31, 2008, the Department of Health and Community Services will have increased access in the area of long term and community support services.

2007-2008 Objective

By March 31, 2008, the Department of Health and Community Services will have increased supports in the area of long term and community support services.

Measure

Increased access in the area of long term and community support services

COMMON INDICATORS FOR 2006-2008 GOAL & 2007-2008 OBJECTIVE	RESULTS
Long term care facilities ▪ Increased number of beds in nursing homes and health care centers while at the same time designing a more personalized living space ▪ Decreased number of clients awaiting placement	A Long Term Care and Community Supportive Services Strategy is being developed therefore action on these two indicators is pending. Research on the options and policy implications is on-going. This focus area continues to be a goal in the 2008-2011 Departmental Strategic Plan.
Community/personal care homes ▪ Increased number of personal/community care home subsidies ▪ Decreased number of clients awaiting subsidies	In 2006-2007, a total of 553 subsidies were added. In 2007-2008, an additional 25 personal/ community care home subsidies were added over the past year. The increased numbers of subsidies has decreased the number of clients waiting for subsidies.
Community home support services ▪ Monitor the number of clients in receipt of services ▪ Decrease the number of clients waitlisted for new service ▪ Decrease in the number of clients waitlisted for enhanced services	The Department monitors the number of clients in receipt of services so as trends over time can be identified and improvements made. A Long Term Care and Community Support Services Strategy is being developed therefore action on these indicators will be forthcoming in the 2008-2011 Strategic Plan.

INDICATORS SPECIFIC TO 2007-2008 OBJECTIVE	RESULTS
Implement a monitoring and reporting process for personal care homes	In 2006-2007, development work for a monitoring framework was initiated. The framework was completed in September 2007 and is now fully implemented. This first quarter ending December 2007 was a test quarter that involved monthly reporting from homeowners. Since January 2008 quarterly monitoring reports are received electronically from all homes and regions. Some standards are only reported annually and a full picture would not be possible until all quarters have been reported. Compliance indicators are being tracked and Regional Health Authorities provide feedback to the PCH industry for quality improvement.
Increase support to families caring for an adult relative with a disability	An $8 million investment ($11million annualized) under the Poverty Reduction Strategy has been allocated for a board and lodging supplement. The supplement provides support to families caring for an adult relative who has a disability.
Complete a best practice review for disability supports	A best practice review for disability supports has been completed

Discussion of Results

In 2006 the Department of Health and Community Services committed to increase access in this area. Over the past two years, access has increased through new personal/community care home subsidies, additional board and lodging supplements, funding for new long term care homes and other initiatives. Other significant accomplishments, which are broader, but relate to access and improved quality of service, include the introduction of a revised Personal Care Home Standards Manual, which is outcome based with performance measures, and the Personal Care Home Monitoring Framework. Further work is required to introduce changes in a meaningful and sustainable manner. This issue and a related goal have been carried forward in the 2008-2011 Strategic Plan.

SENIORS

While 14.3 per cent of our population is currently over age 65, it is projected that within 15 years Newfoundland and Labrador will have the highest proportion of individuals over age 65 in Canada. Individuals in this broad age group demonstrate diversity in areas such as age, gender, sexual orientation, income, marital status, education,

spirituality, health, ethnicity, culture and geography. It is essential to address and prepare for this complex and diverse demographic trend. The Department has developed a Provincial Healthy Aging Policy Framework and Implementation Plan. This is a multi departmental initiative of which the Department of Health and Community Services is lead. This initiative creates a coherent approach to issues of an aging population across all Government entities and supports Government's strategic direction of improved population health.

2006-2008 Goal

By March 31, 2008 the Department of Health and Community Services will have improved the health of seniors through the creation and partial implementation of a healthy aging plan.

2007-2008 Annual Objective

By March 31, 2008 the Department of Health and Community Services has improved the health of seniors through the creation and partial implementation of a healthy aging plan.

Measure

✓ Creation and partial implementation of a healthy aging plan

COMMON INDICATORS FOR 2006-2008 GOAL & 2007-2008 OBJECTIVE	RESULTS
Policy framework and action plan that supports opportunities for healthy aging	In 2006 – 2007 energies focused on the development of a provincial healthy aging policy framework. Input was received through extensive community consultations, a provincial forum and numerous briefs and submissions. The resulting ***Summary of Consultations, Provincial Healthy Aging Policy Framework and Year 1: 2007-2008 Implementation Plan*** were completed and released in July 2007. This framework is a horizontal initiative involving several departments and agencies and led by a Ministerial Council. Consistent with the departmental vision, the framework adopts a definition of healthy aging incorporating the broad determinants of health. Year 1: 2007 – 2008 focused on foundational initiatives which support the six broad priority directions of recognition of older persons, celebrating diversity, supportive communities, financial well being, health and well being and employment, education and research. As identified in the Year 1 implementation plan initiatives were identified within 21 of the 28 goals. A monitoring and accountability framework has been established and the first annual report of progress (as well as identification of year 2: 2008-2009 initiatives) is being developed. The above documents can be found through

	publications 2007 at www. gov.nl.ca/health.
Monitor indicators of healthy aging to assess impact of opportunities in the areas of smoking, alcohol consumption, physical activity in leisure time, obesity, dietary practices, consulted a physician/dentist, uptake of flu vaccine, hip fracture, hospitalization rate and self rated health	Employment, education and research were identified as a priority direction through the 2006 – 2007 consultation process. While there is some data available which describes the overall health status of the population it was recognized that minimal statistical data in the 65+population leads to a lack of evidence which is required to inform policy development. In 2007-2008 the Newfoundland and Labrador Statistics Agency (NLSA) was engaged to develop a Seniors Profile which will enable monitoring of the identified indicators and impact assessment over time. In addition, more refined data on persons over age 65 was purchased from Statistics Canada. These indicators will be available on Community Accounts (www.communityaccounts.nl.ca). This information will be available and will support current collection of data for analysis. It is anticipated that the Seniors profile will allow a closer inspection of the health status of people age 65 or over as well as broken down into smaller increments such as 65 – 74, 75 – 84 and so on.
Seniors focus included in departmental initiatives	An aging and seniors focus is included in departmental initiatives such as the Provincial Wellness Plan, Mental Health and Addictions Policy Framework and the Long Term Care and Community Support Services Framework.
Contributed an aging and seniors lens to inter-department initiatives	An aging and seniors lens is included in inter-departmental initiatives, such as the Violence Prevention Initiative (Women's Policy Office) and the Poverty Reduction Strategy (Human Resources Labour and Employment). The Aging and Seniors Division contributed to policy development by providing a seniors perspective on an ongoing basis.
Improved access to pharmaceuticals for seniors	Access to pharmaceuticals was improved with the 65 Plus Plan that continued to support eligible seniors. New initiatives, such as the Access Plan and the Assurance Plan, which assists low income families and families, including seniors, with high drug costs to have better access to pharmaceuticals and an expanded inventory of covered medications.
Increased public awareness of abuse towards seniors	Dray Media is working closely with the Women's Policy Office, the Aging and Seniors Division and DHCS in developing the Violence Against Older Persons Public Awareness Campaign. Weekly meetings produced material which is in final draft stages, such as radio and newspaper advertisements, posters and a brochure, for the launch in June 2008.
Focus on seniors health in the oral	The Oral Health Strategy is being developed and will

health strategy	address the needs of vulnerable populations. The needs of seniors will be included and will reflect the vision and principles of the ***Health Aging Policy Framework.***
INDICATORS SPECIFIC TO 2007-2008 OBJECTIVE	**RESULTS**
Partial or full implementation of initiatives identified in the Provincial Healthy Aging Implementation Plan: Year 1: 2007-2008 such as:	
▪ Preliminary planning for public awareness campaign to promote positive images of aging	Work is progressing; a Request for Proposals (RFP) is prepared and has been issued to hire a public awareness company to promote public images of aging.
▪ Seniors Recognition Awards Program	A Committee has been formed to develop a Recognition of Older Person's Awards program. An RFP will be issued in the coming year. It is anticipated that the launch of the Recognition of Older Persons Awards program will coincide with International Day of Older Persons (October 2008).
▪ Preliminary planning to support an annual seniors fair and exposition	A contract was awarded to the Seniors Resource Center to complete an environmental scan of similar national and international events. Planning will be informed by the findings and recommendations, which are expected in early 2008-2009.
▪ Seniors Organization Forum: Networking and Identification of Best Practices of Working Together	The Seniors Organization Forum was held in March 2008.
▪ "Age-Friendly" toolkit distributed to municipalities	This tool kit is developed and printed. Distribution is delayed in order to coincide with the launch of the Age Friendly Communities Program.
▪ Development and distribution of educational materials for unpaid caregivers	Educational materials were distributed at a workshop with unpaid caregivers from across the province (March 2008).
▪ Research project to assess impact of dispensing fees on seniors' financial well-being	This has been awarded to the Newfoundland and Labrador Centre for Health Information. Data collection will start in September 2008 and findings from the study will assist in determining the impact on senior's financial wellbeing.
▪ Development of educational material (DVD) on seniors' mental	A contract has been awarded to the Canadian Mental Health Association-NL Division. Filming has been

health for dissemination to regional health authorities	completed and editing is underway with a launch anticipated in Fall 2008.
▪ Planning for Violence Against Older Persons Public Awareness Campaign	The Aging and Seniors Division and the Violence Prevention Initiative, Women's Policy Office planned the Violence Against Older Persons Campaign. This is a continued effort, which is co-ordinated with other initiatives, such as World Elder Abuse Day.
▪ Promotion of World Elder Abuse Awareness Day	Support and promotion of the June 15 World Elder Abuse Day is on-going. Materials developed through FPT Seniors Safety and Security Working Group were re-printed and dispatched to a targeted group, including physicians
▪ Provincial Research Grants Program	$200,000 has been committed over a three year period to develop a research foundation in the area of aging and seniors. The Newfoundland and Labrador Centre for Applied Health Research has been contracted to administer the program and will announce the first call for research grant proposals in the Fall 2008.
▪ Develop a Seniors' Profile	The ***Provincial Health Aging Policy Framework*** provided preliminary demographic information related to seniors. The need to develop a Seniors Profile was recognized and the Division partnered with NLSA to purchase new data. Plans are underway to hire a contractual staff member to further develop a profile over the next 6 months .The profile will be completed within the 2008-2011 planning cycle.
Development and partial implementation of a monitoring and accountability framework	A monitoring and accountability framework has been completed and will be used to determine successes on an annual basis. Departments have been provided with the monitoring framework. An Aging and Seniors Consultant for Research has been hired to support this process, which is in the early stages of implementation.

Discussion of Results

Based on a blueprint commitment 2003, the Government of NL committed to establish healthy aging as a priority with an emphasis on promoting healthy lifestyles and to expand programs and services to meet the needs of an aging population. In 2004-05 Government moved forward with the creation of an Aging and Seniors Division, a Ministerial Council on Aging and Seniors and a Provincial Advisory Council on Aging and Seniors. In 2006, people from across the province participated in consultations to develop a **Healthy Aging Framework and Action Plan**, and identified the major

themes, as outlined in indicator 1. This developmental work lead to the public release of ***Provincial Healthy Aging Policy Framework*** and the ***Provincial Healthy Aging Implementation Plan Year 1 2007-2008: Building a Foundation***. These documents addressed some of the indicators for 2006-2007 year.

In 2007-2008, the remaining work consisted of publicly implementing initiatives and monitoring processes and partnership building. Many planned events were held and resources were dedicated to continue the momentum and build on the progress of past years. The Division remains in the beginning stages of acquiring the necessary tools to influence public attitudes towards aging. While the 2008 goal is largely met, data collection, monitoring and analysis over time are needed to determine the extent to which public awareness and health status has changed. While work continues across Government, the Department continues to implement targeted initiatives within the Healthy Aging Plan and the 2008-2011 Strategic Plan.

SUSTAINABILITY

The health and community services system in Newfoundland and Labrador is moving towards a more integrated model of governance and service coordination with four Regional Health Authorities. Given our geography and the dispersal of population along the coastline and hundreds of thousands of square kilometres of land, the importance of sustainable health and community services was recognized. The health and community services system consumed 46 per cent of all Government program expenditures and therefore had an important impact on the fiscal stability of the Province. Government and public bodies must be accountable to ensure the wise and prudent use of public resources and demonstrate performance achievements. This requires quality information for both decision-making and reporting in the health and community services system. In achieving a quality and equitable system, provincial policies, standards and guidelines are also needed. These will support citizens having comparable access to services based on best practice models for service management and delivery. This goal supports the strategic direction of improved accountability and stability in the delivery of health and community services within available resources.

2006-2008 Goal

By March 31, 2008 the Department of Health and Community Services will have ensured quality health and community services are provided based on the needs of the citizens and within available resources.

2007-2008 Objective

By March 31, 2008 the Department of Health and Community Services will ensure quality health and community services are provided based on the needs of the citizens and within available resources.

Measures

- ✓ Services are provided based on the population health needs of the citizens
- ✓ Services are provided within available resources

COMMON INDICATORS FOR 2006-2008 GOAL & 2007-2008 OBJECTIVE	RESULTS
Monitor needs assessment development by Regional Health Authorities for: ▪ Primary Health Care sites ▪ Regional Service Plans	Population health needs assessments have been completed by the Regional Health Authorities in many areas of the province. These assessments will establish baseline measures for monitoring and guide the development of regional service plans.
Monitoring and reporting on resource indicators: ▪ Provincial government health expenditures per capita ▪ Regional Health Authorities current assets to liabilities ratio ▪ Regional Health Authorities current year surplus/deficit to total revenue Provincial Government health expenditures to total provincial government programs	Monitoring and reporting on resource indicators are ongoing with the Department and information from Public Accounts and the Canadian Institute for Health Information (CIHI) is also used. In 2007-2008, the Department continued to work closely with Regional Health Authorities on approved budgets and operational plans.
INDICATORS SPECIFIC TO 2007-2008 OBJECTIVE	**RESULTS**
Expansion of the provincial Medical Transportation Assistance Program	The Medical Transportation Assistance Program has been expanded to provide increased financial assistance to residents who incur substantial costs when travelling for insured medical services.
Establishment of Telehealth Coordinator positions in four Regional Health Authorities	Telehealth coordinators are in place in all four Regional Health Authorities

Discussion of Results

In the 2006-2007 fiscal year, in keeping with an improved economic outlook, unprecedented and significant infrastructure investments were made across the province. Other initiatives included, but are not limited to, the following: new diagnostic and capital equipment, MCP re-registration was launched, new therapies and expanded coverage enhanced the provincial drug prescription program, and as part of the Health Information Technology Plan, a Health Line was launched and pilot projects were in place on Electronic Health Records. The Health Line which was launched in 2006 gives

all citizens of our province 24/7 access to non-urgent health advice and information. Investments in new equipment and Telehealth improve care and increases access to specialty services.

In 2007-2008, the Department continued to work closely with Regional Health Authorities on approved budgets and operational plans. Sound financial management contributes to long term sustainability and quality. New provincial policies, standards and guidelines were respectively released for public health, personal care homes and health promotion. On July 3, 2007, the Commission of Inquiry on Hormone Receptor Testing was established under the *Public Inquiries Act*. These and other initiatives made significant contributions to addressing the health needs of citizens and regions and were done with quality and sustainable services uppermost in mind.

EARLY LEARNING and CHILD CARE

Investing in children's cognitive, physical, emotional and social developmental needs through evidence-based practices is a priority. Children's learning and developmental opportunities can be strengthened through appropriate child-centered activities, supporting the engagement of parents in their children's early learning and providing a safe, secure, nurturing and stimulating early learning environment. The first step in enhancing children's learning environment is the development of provincial policies. Work in this area supports the strategic direction of improved accessibility to priority services.

2006-2008 Goal and Objective for 2007-2008

By March 31, 2008 the Department of Health and Community Services will have increased availability of regulated child care spaces, programs and services that provide learning and developmental opportunities for children.

Measure

✓ Increased availability of regulated child care spaces, programs and services

COMMON INDICATORS FOR 2006-2008 GOAL & 2007-2008 OBJECTIVE	RESULTS
Reduced number of children awaiting licensed child care services	The number of children waiting for licensed child care services has been reduced with the addition of 280 spaces in 2006-2007 and the addition of 104 spaces in 2007-2008.
Increased number of licensed child care spaces	The number of licensed child care services has been increased by 280 spaces in 2006-2007 and the addition of

	104 spaces in 2007-2008.
Increased number of families receiving child care subsidy	Statistics on the number of families receiving a child care subsidy are not kept as families may have more than one child receiving the subsidy. Statistics are kept for the number of children.
Increased number of early childhood educators in receipt of educational supplement	In 2006-2007, 59 early childhood educational supplements were provided. In 2007-2008, an additional 36 early childhood educational supplements were provided.
Increased number of subsidized child care spaces	In 2006-2007, 363 subsidized child care spaces were provided, with an additional 126 spaces provided in 2007-2008.
Increased number of family resource centers	One new family resource center was implemented in each year.
INDICATORS SPECIFIC TO 2007-2008 OBJECTIVE	**RESULTS**
Increased resources to centre-based child care services to enhance the quality of child care provided to children and families	There has been an increase in regional positions to support quality programming and inclusion of children with special needs. Funding was provided to employ five Regional Inclusion Consultants to support inclusion of children with special needs in regulated child care centres. In April 2007, 25 staffing positions were funded to regulated child care centres and homes if required to include children with special needs.

Discussion of Results

The Department of Health and Community Services has met its goal to increase availability of regulated child care spaces, programs and services that provide learning and developmental opportunities for children. In 2006-2007, the Early Learning and Child Care Plan and the policy framework were respectively introduced. The Educational Supplement Program provided monetary support to certified early childhood educators working in child care centers and further changes were made to financially benefit child care providers and low to middle income families.

Since 2006, there has been an increase in regional positions to support quality programming and inclusion of children with special needs. There has been an increase in the number of grants for supplies and equipment. Two new family resource center projects have been implemented. An additional 489 subsidized child care spaces have been provided. An additional 95 early childhood educational supplements have been provided to early childhood educators. An additional 384 licensed child care spaces have been provided. In 2006-2007 funding was provided to the Regional Health Authorities to employ a total of five Regional Child Care Services Capacity Consultants to increase the number of regulated child care spaces in each region. Funding was also provided to employ five Regional Inclusion Consultants to support inclusion of children

with special needs in regulated child care centres. In 2007- 2008, 25 staffing positions were funded to regulated child care centres and homes if required to include children with special needs. .

PUBLIC HEALTH CAPACITY

The mandate of public health is to protect and improve the health of the population. A fully functioning and accountable public health system is considered the foundation of a publicly funded health system. The core functions of public health are population health assessment, health surveillance, health promotion, disease and injury prevention, and health protection. The ability of the public health system to fulfill its mandate is dependent on a supporting infrastructure, sufficient and competent workforce, organizational capacity, and information and knowledge systems. The goal for system renewal in NL was to improve and create public health system capacity. This goal supports the strategic direction of strengthened public health capacity.

2006-2008 Goal

By March 31, 2008, the Department of Health and Community Services will have enhanced population health through improvements in the public health system in the areas of communicable disease, environmental health and health emergency management.

2007-2008 Objective

By March 31, 2008, the Department of Health and Community Services will have an enhanced provincial public health system in the areas of communicable disease, environmental health and health emergency management.

Measure

Enhanced population health through improvements in the public health system in the areas of communicable disease, environmental health and health emergency management

COMMON INDICATORS FOR 2006-2008 GOAL & 2007-2008 OBJECTIVE	RESULTS
Communicable disease ▪ Increased ability to monitor communicable disease and infectious disease	Plans for the provincial implementation of the national surveillance system (Panorama) are underway and in line with the national planning process. An interim database has been developed for monitoring Healthcare Acquired Infections (HAI).
Environmental health ▪ Monitor adherence to new/revised policy standards in regard to: o Inspections carried out on: food premises, child	These indicators are all completed or ongoing and monitoring of adherence to environmental health policies and inspection standards occurs on a continuous basis through Government Services.

care centres, recreational facilities, public water supplies and schools ○ High, moderate and low risk food premises ○ Food handlers that receive food safety training ○ Septic system design submissions and installations adhering to new standards	Food safety training program was delayed to consider recommendations from all stakeholders about implementation. A pilot food safety training program is being planned and will be provided to food service workers in Central Newfoundland. An evaluation will be completed in 2009-2010 to inform province wide implementation of the training program. These indicators are completed. Monitoring of adherence to the new standards occurs on a continuous basis.
Health emergency management ▪ Expanded number of provincial and regional plans tested and evaluated ▪ Enhanced professional development of provincial and regional officials	Four Regional Health Emergency Management (HEM) positions were created in 2006 for the RHAs and the HEM Consultant position in the Department in 2007. The HEM provincial program has continued to grow resulting in increased capacity to prepare for emergencies and disasters. This increased capacity has produced direct results in the development and testing of health emergency plans including but not limited to the following: • Mass casualty plans • Medical facility evacuation plans • Mass vaccinations plans • National Emergency Stockpile System deployment plans • Communications and emergency notifications plans • Fire plans • Emergency Operations Center Management plans • Incident Command System plans Enhanced professional development is the process of continuing education and training for key provincial and regional health emergency management officials. This includes formalized training sessions targeted at specific core competencies for emergency managers. Since 2006, all provincial and regional HEM officials have attended and completed a variety of professional development initiatives including but not limited to: • Basic Emergency Management training • Emergency Operations Center Management training • National Emergency Stockpile System training and workshops • Incident Command System training and workshops

	• Exercise development, delivery and participation

INDICATORS SPECIFIC TO 2007-2008 OBJECTIVE	RESULTS
Communicable disease • Revise Immunization Policy and Guidelines • Expand Disease Control Policy and Guidelines	A revised immunization policy manual is available at: http://ww.health.gov.nl.ca/health/publications/immunization/immunization.htm Policies have been developed and are monitored in the area of communicable disease including pandemic influenza planning, respiratory infections and vaccine preventable diseases.

Discussion of Results

In Canada, the public health crisis created by the Severe Acute Respiratory Syndrome (SARS) outbreak in 2003 severely challenged a weakened public health system. Since 2004, the Department has focused on implementing the recommendations form two reports dealing with this issue: the ***Public Health Capacity Report,*** from the community perspective; and the ***Back to Basics Report,*** from the institutional/facilities perspective.

The 2006-2007 phase of development supported the structural and operational capacities at both the provincial and regional levels. Budget 2006-2007 identified $4.7M for leadership and system development in the areas of communicable disease control, infection control, surveillance, health emergency management and pandemic influenza preparedness. This was reported on in the 2006-2007 annual report.

In 2007-2008, the focus has been on further enhancements for environmental health, surveillance system developments, new public health legislation, evaluation and professional development in health emergency management. National and provincial partnership will ensure initiatives are completed and that the Department will meet this goal in the 2008-2011 planning cycle. These improvements allow the system to effectively deal with emerging public health issues, maintain or enhance existing public health programs, and strengthen responsiveness and planning for disasters and emergencies.

POPULATION HEALTH

A Provincial Wellness Plan: Phase I (2006-2008) guided work in the initial priority areas of healthy eating, physical activity, injury prevention and tobacco control. The Provincial Wellness Plan: Phase 2 (2008-2011) builds on Phase I and expands the focus to the

new priority issues of mental health promotion, child and youth development, environmental health and health protection. The key directions remain as follows:

- Strengthen partnerships and collaboration
- Develop and expand wellness initiatives
- Increase public awareness
- Enhance capacity for health promotion

The evaluation of Phase 1 has confirmed many positive results and provides guidance for improvements. Phase 2 will build on the successes of Phase 1 and challenge us to keep the needed momentum and innovation. This goal supports the strategic direction of improved population health.

2006-2008 Goal

By March 31, 2008 the Department of Health and Community Services will have increased opportunities for population health in the areas of healthy eating, physical activity, and tobacco control and injury prevention with particular focus on children's health.

2007-2008 Objective

By March 31, 2008 the Department of Health and Community Services will have implemented policies and programs that provide increased opportunities for population health in the areas of healthy eating, physical activity, and tobacco control and injury prevention.

Measure

✓ Increased opportunities for population health in the areas of healthy eating, physical activity, and tobacco control and injury prevention with particular focus on children's health

COMMON INDICATORS FOR 2006-2008 GOAL & 2007-2008 OBJECTIVE	RESULTS
Monitor the indicators for population health in the following areas: ▪ Proportion of the population aged 18 and over who are considered overweight and obese ▪ Proportion of the population 12 and over who report : o active or moderately active levels of physical activity o at least one person smokes inside their home almost daily o being current smokers ▪ Proportion of the population between 12 and 19 who report being current smokers ▪ Age standardized rate of acute care	Monitoring enables the Department to determine if population health initiatives are having an impact on programs and services, changing health behaviors and identifying areas for change. Data on wellness and well-being outcome indicators are monitored within the Department. Sources include: ▪ Newfoundland and Labrador Centre for Health Information (NLCHI) ▪ Canadian Institute for Health Information (CIHI) ▪ Statistics Canada ▪ Medical Care Plan (MCP)

hospitalizations due to motor vehicle accidents/falls/fire-flames/bicycle ▪ Age/gender standardized rate of deaths from unintentional injuries ▪ Proportion of the population age 12 and over who report they had sustained a serious injury (limiting one's normal activity) in the past 12 months ▪ Proportion of children aged 1-12 who received dental services covered by MCP o Number of preventative dental treatments o Number of therapeutic dental procedures o Number of SDC dental procedures performed under general anesthesia related to dental caries	For example: smoking rates among 12- 19 year olds is monitored annually through the Canadian Tobacco Use Monitoring Survey (CTUMS) and the Provincial Student Drug Use Survey (SDUS), which is done every 2 years. When national data is received, the NLCHI prepares a summary document for public distribution.
INDICATORS SPECIFIC TO 2007-2008 OBJECTIVE	**RESULTS**
Provincial Wellness Grants awarded to volunteer, community based groups and organizations	Provincial wellness grants are awarded annually to community groups across the province. In 2006-2007, 15 grants were awarded. In 2007-2008, twenty-three grants were awarded. Most projects addressed more than one priority area and reached many age groups
Recommendations to the Department of Health and Community Services by the Preschool Expert Working Group relating to food and nutrition policies, programs and services for children aged one to five	The Preschool and Toddler Food and Nutrition Expert Working Group has reviewed the key findings and recommendations and identified priorities for action from the preschool environmental scan. Some examples include: - development and expansion of provincial resources for parents and providers - enhancement of the food and nutrition component of Public Health Programs - revision of the food and nutrition component of Standards and Guidelines for regulated Child Care Settings - enhancement of supportive environments for healthy eating and physical activity through policy development These priorities will provide opportunities for improving the health of the preschool population.

Booster Seat Legislation developed and approved for children aged five to nine travelling in vehicles	The *Highway Traffic Act* was amended and will require drivers, beginning July 2008 to use booster seats in their vehicles when transporting children up to and including the age of eight. Injury prevention is a key element of the Provincial Wellness Plan.

Discussion of Results

In establishing the Health Promotion and Wellness Division, the Department provided leadership in the development of the Provincial Wellness Plan and in supporting the Provincial Wellness Advisory Council. Phase 1 of the Provincial Wellness Plan focused on policy and program development and change in the areas of healthy eating, physical activity, and tobacco control and injury prevention.

In 2006-2007, collaboration and partnership with Regional Health Authorities and Regional Wellness Coalitions moved this initiative ahead. While there was a particular focus on children's issues, individuals, groups and entire communities benefited from the addition of regional health promotion and school health liaison positions and the Provincial Wellness Grants, which were linked to priority wellness areas. In 2005-2006, 25 grants were issued, 15 grants were issued in 2006-2007 for a total of 40.

In 2007-2008, the above work continued. The Provincial Wellness Advisory Council recommendations were incorporated in the areas of injury prevention, mental health promotion, and child and youth development. An evaluation of the Provincial Wellness Plan was completed and findings will inform the development of the 2008-2011 Strategic Plan for the Department. At the end of this fiscal year, work in some areas was just starting and in others work was reaching a public level (i.e. the introduction of new booster seat legislation). The 23 Provincial Wellness Grants issued in this fiscal year brought the total to 63 grants distributed across the province since the program started. While these activities contribute to increased opportunities, long term monitoring is needed to show the impact on population health.

Moving Forward

The Department of Health and Community Services continues to focus on issues that have an impact on the delivery of quality health and community services to the people of Newfoundland and Labrador.

Commission of Inquiry on Hormone Receptor Testing

On May 22, 2007 the Provincial Government announced that it would undertake a Commission of Inquiry as an important and necessary measure to ensure a thorough review and understanding of what exactly happened with respect to the problems encountered with ER/PR testing for breast cancer patients. The Commission of Inquiry on Hormone Receptor Testing was established by the Government under the *Public Inquiries Act, 2006* on July 3, 2007. The Honourable Margaret A. Cameron was appointed Commissioner. The Commission of Inquiry is scheduled to deliver its final report to the Minister of Health and Community Services before March 1, 2009, and conclude its work before April 1, 2009.

Task Force on the Management of Adverse Health Events

The Task Force on the Management of Adverse Health Events and the related dissemination of public information was established on May 30, 2007. The Task Force will examine how the health system identifies, evaluates, responds and communicates in regard to adverse events in the health system which may compromise the health of patients in Newfoundland and Labrador. It is anticipated that the work of the Task Force will conclude in Fall 2008.

Long Term Care and Community Support Services

By the year 2021, Newfoundland and Labrador will have the highest proportion of seniors in Canada. In addition to meeting the needs of older persons within available resources, the Department must also meet the needs of adults and children with various disabilities. The introduction of more flexible and responsive services will help to meet the needs of these specific individuals and contribute to improving their quality of life and support their full participation as citizens.

Health and Wellness

Improving the health and wellness of Newfoundlanders and Labradorians continues to be a priority for the Provincial Government. The implementation of the Provincial Wellness Plan Phase I (2006-2008) focused on priority areas such as healthy eating, physical activity, injury prevention and tobacco control. Progress has been made and the Department will now move forward with the Provincial Wellness Plan Phase 2 (2008-2011) along with our committed partners. The next priority areas will be Mental

Health Promotion, Child and Youth Development, Environmental Health and Health Protection to promote healthy living.

Prevention and Early Intervention for Children and Youth

Significant new investments in programs and services for children youth and families have occurred in recent years. The importance of prevention and early intervention is demonstrated by initiatives such as the Wellness Plan, Poverty Reduction Strategy, Violence Prevention Initiative, Early Learning and Child Care Plan, Ministerial Council on Early Learning and the development of a Strategy for Services for Children, Youth and their Families. As The Department moves into the second component of our strategic planning cycle there will be an increased focus on prevention and early intervention programs recognizing that the early years of childhood has a significant influence on life-long health and well-being.

Chronic Disease Management

The Provincial Wellness Plan for Newfoundland and Labrador aimed at improving the health of the population and helping individuals achieve an optimal state of wellness. Chronic conditions such as diabetes, heart disease, lung disease, arthritis and cancer impede an individuals' state of wellness. The Department must act now to prevent progression of these conditions and support a management approach in the early stages. The aim is to develop a consistent and comprehensive approach to reduce the impact of chronic disease and improve the quality of life and overall health outcomes of Newfoundlanders and Labradorians.

Quality and Safety

The health system in this province is diverse and presents challenges in the coordination of services given the geographical landscape and demographic profile. The Department is committed to the delivery of high quality and safe services for both recipients and providers. The Department recognizes the leadership role needed to support provincial, regional and other efforts to improve quality and safety. By focusing on this issue, the Department will demonstrate its commitment to addressing quality and safety in a comprehensive and co-ordinated manner which supports the strategic direction dealing with improved accountability and stability in the health and community services within available resources.

Financial Statements

Expenditure and revenue figures included in this document are un-audited and based on public information provided in the Report on the Program Expenditures and Revenues of the Consolidated Revenue Fund for the Year Ended 31 March 2008. Audited financial statements are a requirement at the government level and are made public through the Public Accounts process, however the Department of Health and Community Services is not required to provide a separate audited financial statement.

Fiscal 2007/2008

based on Report on the Program Expenditures and Revenues of the Consolidated Revenue fund

	Actual ($)	Amended ($)	Original ($)
Minister's Office (1.1.01)	***359,305***	***405,500***	***385,500***
General Administration (1.2.01 to 1.2.08)			
Total gross	17,879,379	20,496,500	18,553,500
Less revenue - federal	35,000	1,141,200	1,141,200
Less revenue - provincial	650,464	485,000	485,000
Total net	***17,193,915***	***18,870,300***	***16,927,300***
Memorial University Faculty of Medicine (2.1.01)	***28,776,990***	***29,466,700***	***29,466,700***
Drug Subsidization (2.2.01)	***119,761,934***	***152,457,900***	***153,164,300***
Medical Care Plan (2.3.01 to 2.3.02)			
Total gross	304,006,386	316,246,100	316,261,100
Less revenue - federal	121,718	492,800	492,800
Less revenue - provincial	392,065	2,068,000	2,068,000
Total net	***303,492,603***	***313,685,300***	***313,700,300***
Regional Health Authorities and Related Services (3.1.01 to 3.1.02)			
Total gross	1,516,186,877	1,536,506,600	1,537,748,200
Less revenue - federal	9,806,524	7,932,300	7,932,300
Less revenue - provincial	16,068,743	18,770,600	18,770,600
Total net	***1,490,311,610***	***1,509,803,700***	***1,511,045,300***

CAPITAL			
Furnishings and Equipment (3.2.01)	42,975,700	43,162,600	26,162,600
Less revenue - federal	3,565,000	3,300,000	3,300,000
Total net	*39,410,700*	*39,862,600*	*22,862,600*
Health Care Facilities (3.2.02)	*49,720,639*	*62,649,500*	*79,649,500*
Total Health Care Facilities and Equipment	***89,131,339***	***102,512,100***	***102,512,100***
Total Department			
Total gross	2,079,667,210	2,161,391,400	2,161,391,400
Less revenue - federal	13,528,242	12,866,300	12,866,300
Less revenue - provincial	17,111,272	21,323,600	21,323,600
Total net	***2,049,027,696***	***2,127,201,500***	***2,127,201,500***

APPENDIX A: STRATEGIC DIRECTIONS

The directions related to the Department of Health and Community Services are provided below. Each strategic direction is comprised of a number of components, or focus areas. These focus areas will be addressed through the various planning processes of the Department. As indicated in the table below, some have been addressed in this strategic plan while others are addressed in the operational and/or work planning processes.

Strategic Direction	Focus Areas of the Strategic Direction	This Direction is:			
		to be addressed by entities reporting to the department	Addressed in the department's strategic plan	Addressed in the department's operational plan	addressed in the work plan of a branch/ division within the department
Improved population health	Obesity		*		
	Smoking rates and protection from environmental smoke		*		
	Dental health of children				*
	Uptake of cervical screening				*
	Uptake of flu vaccine of seniors and health care providers				*
	Support for healthy aging		*		
	Injury prevention		*		
	Aboriginal health needs				*
Strengthened public health capacity	Reorganize the provincial public health structure		*		
	Resources for public health including fiscal and human resources		*		
	Surveillance for communicable disease		*		
	Health emergency plan for the HCS system		*		
	Immunization management including vaccine inventory control and immunization registry		*		
	Environmental health policy		*		

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Strategic Direction	Focus Areas of thekqjp beha Strategic Direction	This Direction is:			
		to be addressed by entities reporting to the department	Addressed in the department's strategic plan	Addressed in the department's operational plan	addressed in the work plan of a branch/ division within the department
Improved accessibility to priority services	Access to community based mental health and addictions services				*
	Access to appropriate primary health services			*	
	Home care and support services in the areas of end of life care, acute short term community mental health case management, short term post discharge IV medications and wound management				*
	Options to support choices on individuals in need of long term and community supports		*		
	Access to quality early learning and child care		*		
	Access to selected acute services		*		
	Access to appropriate medications				*
Improved accountability and stability in the delivery of health and community services within available resources	Identify and monitor outcomes for selected programs			*	
	Alignment of regional services		*		
	Achievement of balanced budgets				*
	Stabilize human resources				*
	Identification and utilization of information for evidence based planning in service delivery			*	

APPENDIX B: ENTITIES REPORTING TO THE MINISTER

Under the *Transparency and Accountability Act*, the following government entities are provided with the Strategic Directions of the Department and also prepare plans and annual reports in keeping with their categorization under that Act:

1. Eastern Regional Health Authority
2. Central Regional Health Authority
3. Western Regional Health Authority
4. Labrador - Grenfell Regional Health Authority
5. Newfoundland & Labrador Centre for Health Information
6. Child Youth and Family Services Minister's Advisory Committee
7. Medical Consultants' Committee
8. Mental Health Care and Treatment Review Board
9. Nurse Practitioner Consultative and Appeals Committee
10. Public Health Laboratory

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